

Community Pathways Waiver – **Revised Draft Proposal**

Service Type: Other

Service (Name): **RESPITE CARE SERVICES**

Alternative Service Title:

HCBS Taxonomy:

Check as applicable

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition:

- A. Respite is short-term care intended to provide both relieve the family and the individual with a break from their daily routines. Respite relieves families from their of daily caregiving responsibilities, while providing the individual with new opportunities, experiences, and facilitates self-determination.
- B. Respite can be provided in:
1. the individual's own home,
 2. the home of a respite care provider,
 3. a licensed residential site,
 4. State certified overnight or youth camps, and
 5. other settings and camps as approved by DDA

SERVICE REQUIREMENTS:

- A. The individual or the family member with whom the individual lives may use a relative who does not reside on the property to provide respite services under the following conditions when documented in the person centered plan:
1. choice of provider truly reflects the individual's wishes and desires;
 2. the provision of services by the relative are in the best interests of the individual; and
 3. the provision of services by the relative are appropriate and based on the individual's individual support needs.
- B. Respite services provided by a person residing in the same residence or property will not be funded.
- C. Respite services are not available to people receiving Community Living Group Home, Community Living Enhanced Support ervision, or Community Supported Living.

D. The program does not make payment to spouses or legally responsible individuals for providing respite services.

E. A relative (who is not a spouse or legally responsible person) of an individual recipient participating in Self-Directed Services may be paid to provide this service, provided however, the DDA pre-approves such payment in accordance with the applicable requirements set forth in Section C-2.

~~E.F.~~ Receipt of respite services does not preclude an individual from receiving other services on the same day. For example, the individual may receive day services on the same day they receive respite services.

~~F.G.~~ Payment rates for services must be customary and reasonable as established by the program.

~~G.H.~~ Services can be provided at an hourly rate for 8 hours or less; or at a day rate for over 8 hours daily.

~~H.I.~~ Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Respite services may not exceed 45 days or 360 hours within a twelve month period.

Service Delivery Method (check each that applies)

☒ Participant Directed as specified in Appendix E

☒ Provider Managed

Specify whether the service may be provided by (check all that applies):

☐ Legally Responsible Person

☒ Relative

☐ Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	For individuals self-directing services
Agency	Licensed Community Residential Services Provider
Agency	DDA Certified Respite Care Provider

Provider Specifications for Services

Provider Category: Individual

Provider Type: Individual for people self-directing services

Provider Qualifications License (specify):

Certificate (specify):

Other Standard (specify):

1. The following minimum standards are required:
 - a. Current first aid and CPR certification unless waived by the individual or their family
 - b. Passing a criminal background investigation unless waived by the individual or their family
 - c. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians.
 - d. Camps including:
 - i. State certified overnight or youth camps
 - ii. DDA approved camp
2. Individuals in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs such as:
 - a. Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information)
- ~~1. Individuals in self-directing services, as the employer, determine staff specific requirements and may require additional provider requirements based on their preferences and level of needs such as:~~
 - ~~a. Current first aid and CPR training and certification;~~
 - ~~b. Training by individual/family on individual specific information (including preferences, positive behavior supports, when needed, and disability specific information);~~
 - ~~c. Passing a criminal background investigation; and~~
 - ~~d. Signing a self-directed provider agreement verifying qualifications and articulating expectations.~~
- ~~2. Camps including:~~
 - ~~a. State certified overnight or youth camps~~
 - ~~b. DDA approved camp~~

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Service providers for verification of individual specific qualifications
- Coordinator of Community Services for use of a relative as a service provider

Frequency of Verification:

- Fiscal Management Services - prior to service delivery
- Coordinator of Community Services prior to service initiation and during annual team meetings

Provider Category: Agency

Provider Type: Licensed Community Residential Services Provider

Provider Qualifications License (specify):

Licensed Community Residential Services Provider as per COMAR 10.22.08

Certificate (specify):

Other Standard (specify):

1. Direct care staff specific requirements include the following:
 - a. Current first aid and CPR training and certification unless waived by the individual or their family;
 - b. Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);
 - c. Passing a criminal background investigation unless waived by the individual or their family; ~~and~~
 - d. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians; and
 - ~~d.e.~~ Additional requirements based on the individual's preferences and level of needs.
2. Camps requirements including:
 - a. State certified overnight or youth camps as per COMAR 10.16.06 unless otherwise approved by the DDA
 - b. DDA approved camp
3. Services provided in a site must be licensed

Verification of Provider Qualifications

Entity Responsible for Verification:

- DDA for verification of provider license and licensed site
- Licensed Community Residential Services Provider for verification of direct support staff and camps
- Coordinator of Community Services for use of a relative as a service provider

Frequency of Verification:

- DDA - annually
- Licensed Community Residential Services Provider – prior to service delivery
- Coordinator of Community Services prior to service initiation and during annual team meetings

Provider Category: Agency

Provider Type: DDA Certified Respite Care Service Provider

Provider Qualifications License (specify):

Certificate (specify):

DDA Certified Respite Care Services Provider

Other Standard (specify):

1. Direct support staff specific requirements include the following:
 - a. Current first aid and CPR training and certification unless waived by the individual or their family;
 - b. Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);
 - c. Passing a criminal background investigation unless waived by the individual or their family; ~~and~~
 - d. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians; and
 - ~~d.e.~~ Additional requirements based on the individual's preferences and level of needs.
2. Camps requirements including:
 - a. State certified overnight or youth camps as per COMAR 10.16.06 unless otherwise approved by the DDA
 - b. DDA approved camp

3. Services provided in a provider site must be licensed unless otherwise approved by the DDA

Verification of Provider Qualifications

Entity Responsible for Verification:

- DDA for verification of provider certification and licensed site
- DDA Certified Respite Care Services Provider for verification of direct support staff and camps
- Coordinator of Community Services for use of a relative as a service provider

Frequency of Verification:

- DDA - annually
- DDA Certified Respite Care Services Provider – prior to service delivery
- Coordinator of Community Services prior to service initiation and during annual team meetings